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FAX NUMBER	15712738300
FROM	Bruce E Harang
DATE	2006-04-29 21:15:41 GMT
RE	FW: US Appl. No. 10/709,259 - Response to Office action dated 03/03/2006

### COVER MESSAGE

Attached is a 1 page transmittal sheet, 10 page amendment, 2 pages of replacement drawing sheets, and 2 pages of annotated drawing sheets, a total of 15 pages for:

US Appl. No.:	10/709,259	Art Unit:	2835
Filed:	04/24/2004	Examiner:	
Robert Joseph Hoffberg			
Inventor:	Joan Carreras	Conf. No.:	3258
Atty. Dkt.:	04278		
Atty.:	Bruce E Harang	Cust. No.:	
23688			

\*\*\*\*\*  
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PAGE 2/12 \* RCVD AT 4/29/2006 5:17:19 PM [Eastern Daylight Time] \* SVR:USPTO-EFXRF-5/18 \* DNIS:2738300 \* CSID:360-838-6611 \* DURATION (mm-ss):06-40

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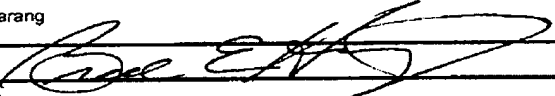
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Approved for use through 08/30/2003. OMB 0651-0031

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<b>TRANSMITTAL FORM</b>  <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/709,259	
	Filing Date	04/24/2004	
	First Named Inventor	Joan Carreras	
	Art Unit	2835	
	Examiner Name	Robert Joseph Hoffberg	
Total Number of Pages in This Submission	15	Attorney Docket Number	04278

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input checked="" type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks Confirmation Number 3258		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm or Individual name	Bruce E Harang	
Signature		
Date	04/29/2006	

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